2006 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# P05000089798

Entity Name: BRITTEN-NORMAN, INC.

FILED Sep 14, 2006 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

220 MIRACLE MILE 150 ALHAMBRA CIRCLE 1260

230

CORAL GABLES, FL 33134 CORAL GABLES, FL 33134

Current Mailing Address: New Mailing Address:

P. O. BOX 145238 150 ALHAMBRA CIRCLE

1260

CORAL GABLES, FL 33114 US CORAL GABLES, FL 33134 US

FEI Number: 20-3039859 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

CARMONA, LUIS M CARMONA, LUIS M 220 MIRACLE MILE 150 ALHAMBRA CIRCLE SUITE 230 1260

CORAL GABLES, FL 33134 US CORAL GABLES, FL 33134 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: LUIS M. CARMONA 09/14/2006

> Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Delete Title: (X) Change () Addition

CARMONA, LUIS M CARMONA, LUIS M Name: Name: 220 MIRACLE MILE, SUITE 230 Address: 150 ALHAMBRA CIRCLE Address: City-St-Zip: CORAL GABLES, FL 33134 US City-St-Zip: CORAL GABLES, FL 33134 US

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutés. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

Ρ SIGNATURE: LUIS M. CARMONA 09/14/2006